

(M.A.X Initiative) Maximize Your Potential Academic Enhancement Program

Moving Forward
Families Advancing to Self-Reliance

Student Application

This program is only available to youth who live in households supported by the Charlotte Housing Authority (CHA).

Please return this application to the Client Services Department. You may fax your application to 704.353.1159 or email a scanned copy to maxprogram@cha-nc.org. You may also drop it off at the guest services desk of the Charlotte Housing Authority Headquarters at 400 East Blvd. Call 704.336.8545 for more information.

Name:(Last)	(First)	(MI)	(Nickname)	
ddress:(Street)	(O;t.)		(04-4-)	(7:)
(Street)	(City)		(State)	(Zip)
ome Phone:	Cell Ph	one:		
tudent Email Address:				
Birth Date:	Age: High	School Name:		
Grade: Most Recent Math (Grade Most Recent En	glish Grade		
AMILY INFORMATION				
arent/Legal Guardian Name(s):		Relationship: _		
lome Phone: Cell	Phone:	Alternate Phone:		
arent Email Address:				
ROGRAM DETAILS				
Participation in this program requires time for the upcoming school year.	commitment and dedication.	Please list extracurrio	cular activities that you pla	n to participa
Activity 1	Time	e Commitment		
2				

Selected applicants will be required to interview at CHA prior to being fully admitted to the program. We ask that you provide a copy of
your most recent report card at the time of your interview. Do you agree to these terms? Yes No
SUPPLEMENTAL INFORMATION
Have you ever received tutoring before? ☐ Yes ☐ No
If yes, please explain how you benefited:
What are some of the academic challenges you face in school?
In 2-3 complete sentences, please tell us why you deserve to be selected as a participant for the M.A.X Initiative. Please pay
attention to use of correct grammar and punctuation.
Please use this space to tell the Selection Committee something unique about you that will assist us in our selection process.
Student Signature: Date:
Parent/Legal Guardian Signature: Date: